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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L67332

(1)

INVESTMENT PROPERTY ASSOCIATES, INC.

## FILED Jan 14 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	-			-	66 3 <b>8 9 8 9</b> 1 16 <b>8 8</b> 31 11 <b>8</b> 11 <b>9</b> 1	ATRIL BIDII AIRIL DINK	0   <b>0</b>   1   1   1   1   1   1   1   1   1
C/O WILLIAM M QUINLAN		C/O WILLIAM M QUINLAN							
904 NE 62ND		904 NE 62ND STREET		140					
FORT LAUDER US	DALE FL 33334	FORT LAUDERDALE F US	FL 33334-41	110		3. Date Incorpora		0 - Data - 41 -	D
- "		00				04/23/1990		3a. Date of La 01/22/199	
2. Principal P	Place of Business	2a. Mailing Address				4. FE! Number			Applied For
21		26			65-0204307 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of S	tatus Desired	S8.75 Additional Fee Required		
City & State	e	City & State				6. Election Camp	aign Financing	\$5.	00 May Be
23	•	28				Trust Fund Cor	ntribution		led to Fees
Zip	Country	Zip	<b>⊢</b>	Country		8. This corporation	· —	· - —	ers. 199.032,
24	25	29	30			Florida Statute		Yes No	
0.11	9. Name and Address of Curr	rent Registered Agent		81	Name	10. Name and Ad	dress of New Reg	istered Agent	
	NLAN, WILLIAM M			01	Name	•	-		
	NE 62ND STREET			82	Street Add	ress (P.O. Box Numbe	r is Not Acceptabl	e)	
FI.	LAUDERDALE FL 33334			83		- 10,-		·	
		•		03					
		the second second		84	City	· <u></u> ,		FL 85	Zip Code .
11 Russiant	to the provisions of Sections 607.0	1502 and 607 1508 Élorida S	tatutee the	a above a	named corr	ocration submits this s	talament for the ni		an its registered
office or r	registered agent, or both, in the Starm familiar with, and accept the ob	ate of Florida. Such change y	vas authori	ized by t	he corporat	tion's board of director	rs. I hereby accep	t the appointmen	t as registered
	ım familiar with, and accept the ob	ligations of, Section 607.050	5, Fiorida S	statutes.				•	
0101115									
SIGNATURE	Signature, typed or printed name of registered	acent and title if applicable.	(NOTE: Recist	tered Agent	signature regul	red when reinstating)	<del></del>	DATE	
12.	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable. AND DIRECTORS		tered Agent	signature requi	red when reinstating) ADDITIONS/CHJ	ANGES TO OFFICI		TORS IN 12
	OFFICERS A		13		signature requi		ANGES TO OFFICI		
12.	OFFICERS A D QUINLAN, WILLIAM M	AND DIRECTORS	1.1	3.	signature requi		ANGES TO OFFICI	ERS AND DIREC	
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ses not qualify for the exemption stated in Section 119.07(3)(t), Florida Statutes. I further certify that the la! report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name